

Do You Want to Take Your Volleyball Game to the Next Level?

Speed, Conditioning, and Volleyball Skills Clinic

presented by

 **PARISI**™
SPEED SCHOOL

and

Big Spike Volleyball

Headed by Dennis Werner, USA Volleyball IMPACT Certified

1 hr of Parisi Training for Volleyball Players • 1 hr of Volleyball Skills Training

Location of Camp:

**Spring Valley Athletic Club
and Parisi Speed School**

4290 Penn Avenue
Sinking Spring, PA 19608

Date and Time of Camp:

April 4th from 10am - 12pm

Girls and Boys grades 6th-8th
and 9th-12th

All athletes receive a t-shirt

Registration:

\$30 to attend

Walk-ups are welcome, however, you will be assessed a \$10 late registration fee

Please register by March 30th to ensure proper T-shirt size

Send Payment and Registration to:

Parisi Speed School c/o Spring Valley Athletic Club

Attn: Maria Shunk, 610-678-0484, mshunk@svathleticclub.com
4920 Penn Avenue, Sinking Spring, PA 19608

REGISTRATION FORM

Name: _____ Date of Birth: _____

Gender: _____ Grade/school: _____

Address: _____

Phone: _____ E-mail: _____

Parent's or Guardian's Name: _____

Parent's Phone: _____ Parent's Cell Phone: _____

Payment Method: T-Shirt - circle size: (Adult - S M L XL XXL) (Youth - M L)
Early registration by March 30th - \$30. Walk-ups are welcome, however, you will be assessed a \$10 late registration fee • **Checks payable to SVAC before March 30th**

Send to: Parisi Speed School c/o Spring Valley Athletic Club
Attn: Maria Shunk
4920 Penn Avenue, Sinking Spring, PA 19608
610-678-0484 • mshunk@svathleticclub.com

Credit Card

Check one:

- ☐ M Card
☐ Visa
☐ AMEX

Card Number: _____ Exp. Date: _____

Billing Address: _____

Release...In consideration of acceptance of my child in the Athletic Training Program outlined above, I hereby for myself, my child, their heirs, executors and administrators waive and release any claim we may have for damages against: Parisi Speed School, Spring Valley Athletic Club, Big Spike Volleyball Camp, their officials, officers, employees or representatives; or their successors, for any and all injuries that may be suffered by my child while or as a result of participating in the above said program. I certify that my child has been checked by a licensed medical doctor within the last year and is in good health. I also certify that Parisi Speed School makes no guarantees that the athlete participating in this program will never get injured. I agree that my athlete is only entitled to the training sessions specified by Parisi Speed School for this Speed Camp. I am also aware that my athlete is not entitled to a refund unless a doctor states in writing that my athlete can not take part in the Athletic Training Program specified.

I certify that I am the Parent / Guardian of the above mentioned athlete and I am over 18 years old and agree to the conditions specified above.

Signature: _____

Date: _____